



PATIENT PRESENTING CLINICAL SIGNS

Mitts Withers Dx with sarcoma of left hindlimb by cytology in April 2021. Palliative tx with prednisolone and gabapentin, growing since then. CT for staging and possible surgical planning.
 Abnormal PE/Chem/CBC/UA Results: Ambulation: non weight bearing left hindlimb; 15 x 8.5 cm hard sq mass left hindlimb Respiratory: mild-mod respiratory effort CBC: Hct (28.7), Lymph (0.68), Eo (0.08), Plt (124), Retic (64.2)

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND HIND LIMBS

BREED

A pre- and post-contrast CT study of the thorax and hind limbs in a lung-, bone- and soft tissue reconstruction are provided for review.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Thorax

MN

The pictured parts of the left thyroid gland show evidence of moderate enlargement of the left thyroid gland.

AGE

12 Years

A moderate amount of soft tissue attenuating, non-contrast enhancing, gravity dependent, material is visible in the ventral aspect of the pleural cavity. The lung lobes are retracted from the thoracic wall and present a moderately reduced. Throughout the lung parenchyma variable sized, ill-defined soft tissue attenuating areas are visible.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

HOSPITAL NAME

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

REFERRING VET

Dr. Jerome Gagnon

In the pictured parts of the cranial abdomen, in the region of the right adrenal gland, an irregular soft tissue structure is visible, and the caudal vena cava presents a intraluminal filling defect extending from the level of the mass into the caudal vena cava.

INVOICE

46989

Hind limbs

DATE

8-16-21

Emanating from the left femur, a large circumferential soft tissue mass with moderate amorphous mineralization, extending over the complete length of the femur, measuring approximately 13.1 x 10.0 x 15 cm in size is visible. The left femoral diaphysis without overt osteolytic lesions. Post contrast administration the mass of the left femur is moderate heterogenous enhancing. The surrounding fat shows moderate fat-stranding. The left crus presents with a moderate circumferential subcutaneous swelling. The left femoral, gluteal and external iliac vein are moderately dilated – likely due to overperfusion. The left iliac wing presents mild palisading periosteal new bone formation where it is in contact with the mass. The left patella is displaced laterally by the mass effect.

The left tarsal joint shows moderate osteophyte new bone formation.



PATIENT The right coxofemoral joint presents moderate osteophyte new bone formation.

Mitts Withers

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- History of sarcoma originating from the left femur with surrounding steatitis and edema along the crus and local irritation of the left iliac wing
- Multiple irregular pulmonary soft tissue masses
- Moderate pleural effusion
- Possible mass right adrenal gland with vascular invasion
- Enlarged left thyroid gland – suspect adenoma
- Degenerative osteoarthritis right coxofemoral joint

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

The findings of the current CT study are compatible with the history of sarcoma, possible periosteal in origin with secondary surrounding steatitis and edema. The left iliac wing shows focal periosteal new bone formation where it is in contact with the mass.

AGE

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The pulmonary findings are compatible with pulmonary metastatic disease, paraneoplastic pleural effusion and possible adrenal metastasis with invasion of the caudal vena cava at the same level. Consider a pleural fluid tap for further definition.

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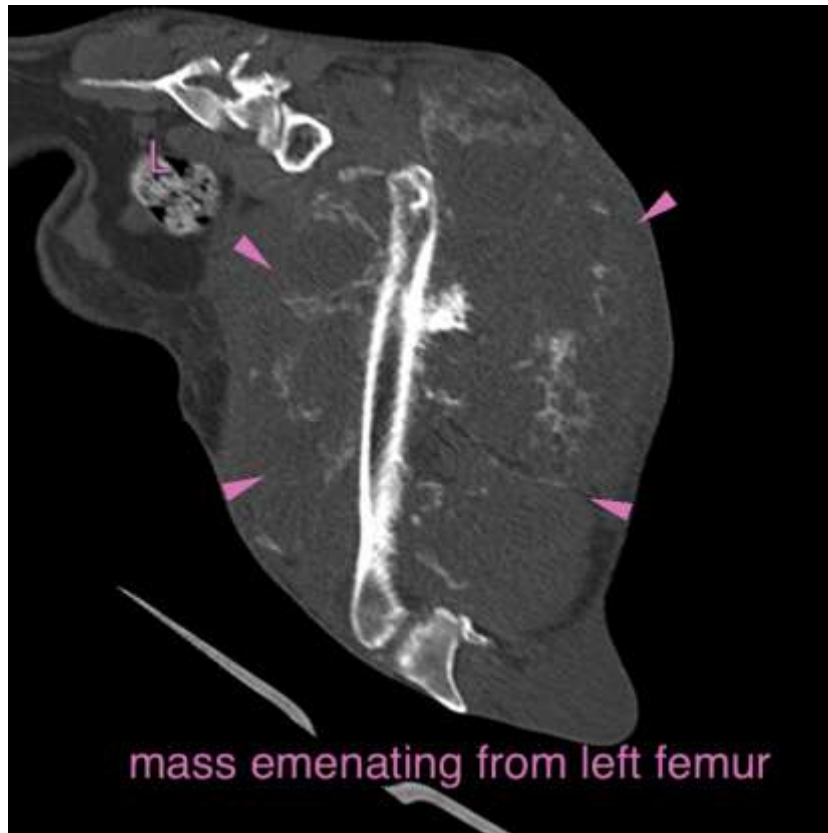
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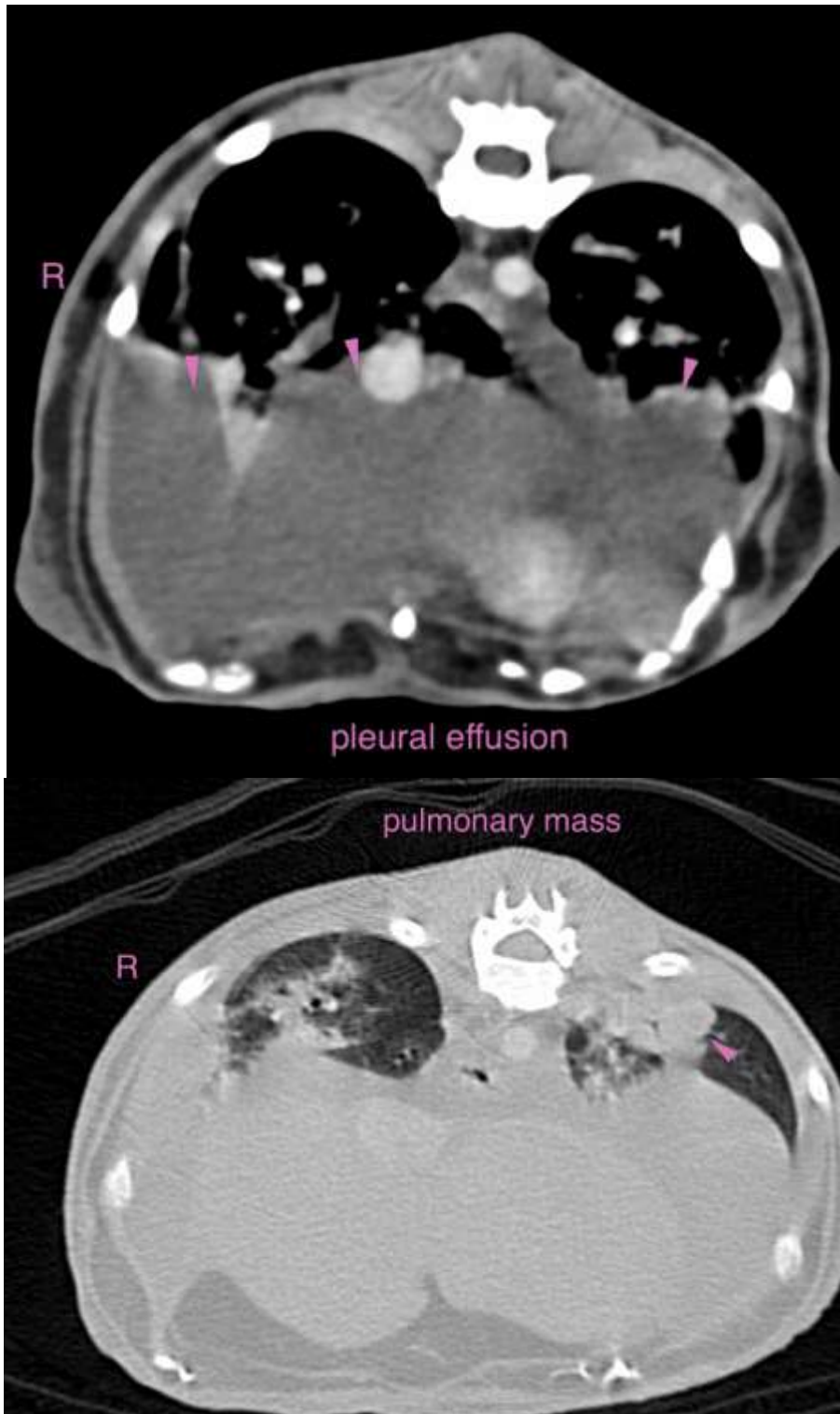
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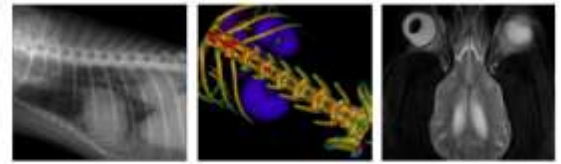
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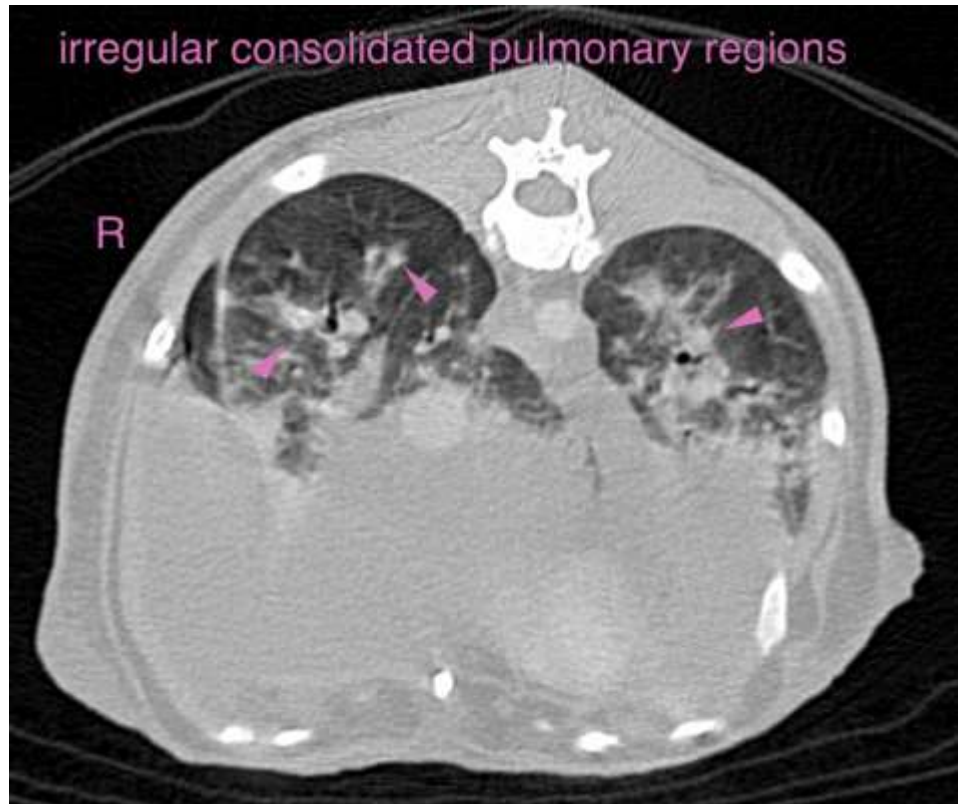
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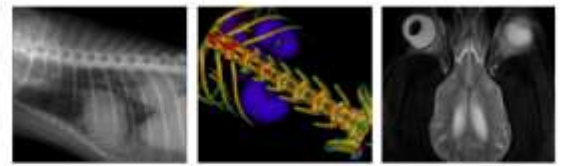
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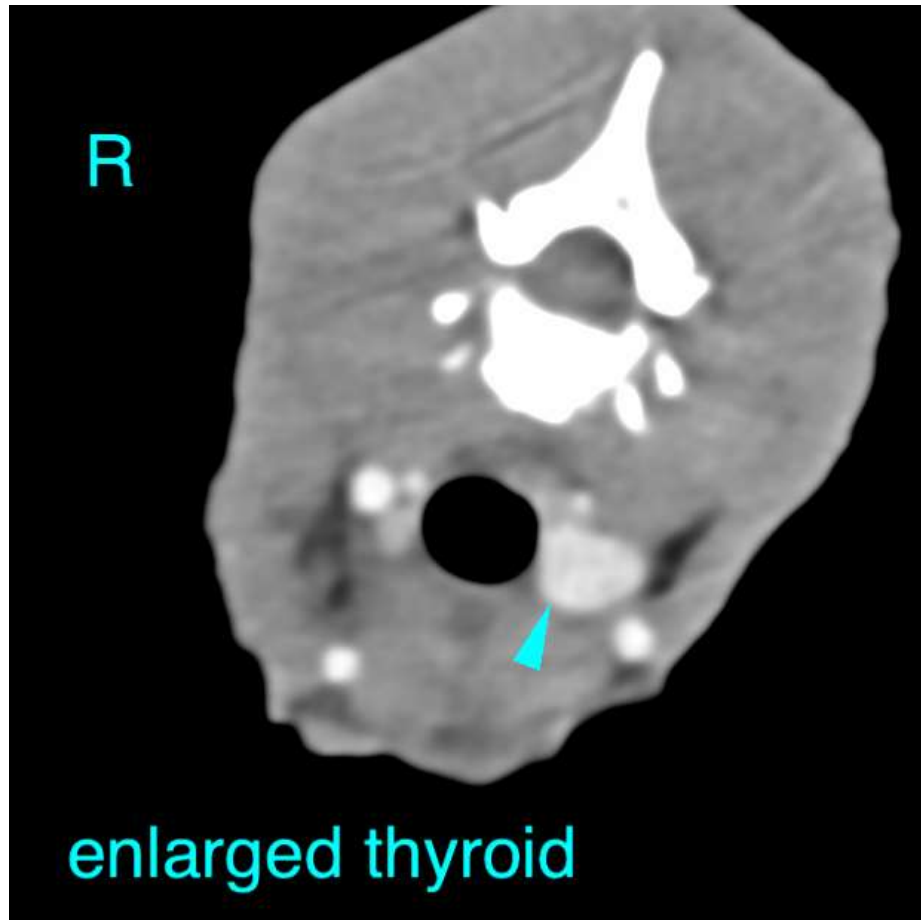
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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